

FIRST REGULAR SESSION

HOUSE BILL NO. 131

97TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE STREAM.

0229L.01I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to the treatment of eating disorders.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.845, to read as follows:

376.845. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, shall provide coverage for the diagnosis and treatment of eating disorders.

2. A health carrier or health benefit plan offering group health insurance coverage shall not:

(1) Deny eligibility or continued eligibility to an individual to enroll or renew coverage under the terms of the plan solely for the purpose of avoiding the requirements of this section;

(2) Deny coverage for treatment of eating disorders, including coverage for residential treatment of eating disorders, if such treatment is medically necessary in accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders, as most recently published by the American Psychiatric Association;

(3) Provide monetary payments, rebates, or other benefits to individuals to encourage such individuals to accept less than the minimum protections available under this section;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 **(4) Penalize or otherwise reduce or limit the reimbursement of a provider because**
18 **such provider provided care to an individual participant or beneficiary in accordance with**
19 **this section;**

20 **(5) Provide monetary or other incentives to a provider to induce such provider to**
21 **provide care to an individual participant or beneficiary in a manner inconsistent with this**
22 **section; or**

23 **(6) Deny continued eligibility to enroll or renew coverage under the terms of the**
24 **plan to an individual participant or beneficiary solely because the individual was**
25 **previously found to have an eating disorder or received treatment for an eating disorder.**

26 **3. The coverage required under this section shall provide access to psychiatric and**
27 **medical treatment under the plan and shall provide coverage for integrated care and**
28 **treatments as prescribed by medical and psychiatric health care professionals, including**
29 **but not limited to nutrition counseling, physical therapy, dietician services, medical**
30 **monitoring, and psychiatric monitoring.**

31 **4. For the purposes of this section, the following terms shall mean:**

32 **(1) "Eating disorders", anorexia nervosa, bulimia, binge eating, eating disorders**
33 **nonspecified, and any other severe eating disorders contained in the most recent version**
34 **of the Diagnostic and Statistical Manual of Mental Disorders published by the American**
35 **Psychiatric Association;**

36 **(2) "Health benefit plan", shall have the same meaning ascribed to it in section**
37 **376.1350;**

38 **(3) "Health carrier", shall have the same meaning ascribed to it in section 376.1350.**

39 **5. Nothing in this section shall be construed as requiring a health carrier or health**
40 **benefit plan to provide coverage of mental illness. No health carrier or health benefit plan**
41 **shall require that such health benefits be provided in accordance with the requirements**
42 **for coverage of mental illness under the health benefit plan.**

43 **6. The health care service required by this section shall not be subject to any**
44 **greater deductible or co-payment than other health care services provided by the health**
45 **benefit plan.**

46 **7. The provisions of this section shall not apply to a supplemental insurance policy,**
47 **including a life care contract, accident-only policy, specified disease policy, hospital policy**
48 **providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,**
49 **short-term major medical policies of six months' or less duration, or any other**
50 **supplemental policy.**

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